

No. W 10639		Due no later than Dec 31, 2017		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SEASONS MEDICAL, LLC GEOFF SCHWIERMANN 37 SOUTH 2ND EAST REXBURG ID 83440		GEOFF SCHWIERMANN 37 SOUTH 2ND EAST REXBURG ID 83440	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	BOARD OF TRUSTEES OF MADISON MEMORIAL HOSPITAL	450 E. MAIN	REXBURG	ID	83440
5. Organized Under the Laws of: ID W 10639		6. Annual Report must be signed.* Signature: Holly Miller Name (type or print): Holly Miller Date: 11/03/2017 Title: Accounting			
Processed 11/03/2017		* Electronically provided signatures are accepted as original signatures.			